

Exhibit 1

**VIRGINIA BOARD OF PSYCHOLOGY  
SPECIAL CONFERENCE COMMITTEE  
INFORMAL CONFERENCE MINUTES – DECEMBER 3, 2019**

**CALL TO ORDER:** A Special Conference Committee ("Committee") of the Board of Psychology ("Board") convened on December 3, 2019 at 10:00 a.m., at the Department of Health Professions, Perimeter Center, 9960 Maryland Drive, Richmond, Virginia, Training Room 2.

**MEMBERS PRESENT:** Susan Brown Wallace, Ph.D., LCP, LSP, Chairperson  
John D. Ball, Ph.D., LCP, ABPP

**STAFF PRESENT:** Jennifer Lang, Deputy Executive Director, Board of Psychology  
Emily Tatum, Administrative Proceedings Division

**RESPONDENT:** Ronald Federici, LCP, LSP  
Case No.: 176533, 187974, and 192711  
License #: LCP # 0810001534  
LSP # 0803000093

**DISCUSSION:** Dr. Federici appeared in person before the Committee in accordance with the Noticed dated September 19, 2019, and an Amended Notice dated November 25, 2019. Dr. Federici was not represented by legal counsel.

The Committee fully discussed the allegations with Dr. Federici.

**CLOSED MEETING:** Upon a motion by Dr. Ball, and duly seconded by Dr. Wallace, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Ronald Federici, LCP, LSP. Additionally, he moved that Jennifer Lang attend the closed meeting because her presence would aid the Committee in its deliberations.

**RECONVENE:** Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.

**DECISION:** Upon a motion by Dr. Ball, and duly seconded by Dr. Wallace, the Committee made certain findings of facts and conclusions of law and voted to place Dr. Federici on probation and subject his licenses to terms and conditions. The motion carried.

**ADJOURN:** With all business concluded, the Committee adjourned at 2:54 p.m.

*As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.*

Susan Brown Wallace  
Susan Brown Wallace, Ph.D., LCP, LSP, Chairperson  
Special Conference Committee of the Board of Psychology

12-4-2019  
Date

Jennifer Lang  
Jennifer Lang, Deputy Executive Director  
Virginia Board of Psychology

12/04/19  
Date

Exhibit 2

# Advocates for Children in Therapy

*Opposing Abusive and Unvalidated Psychotherapy*

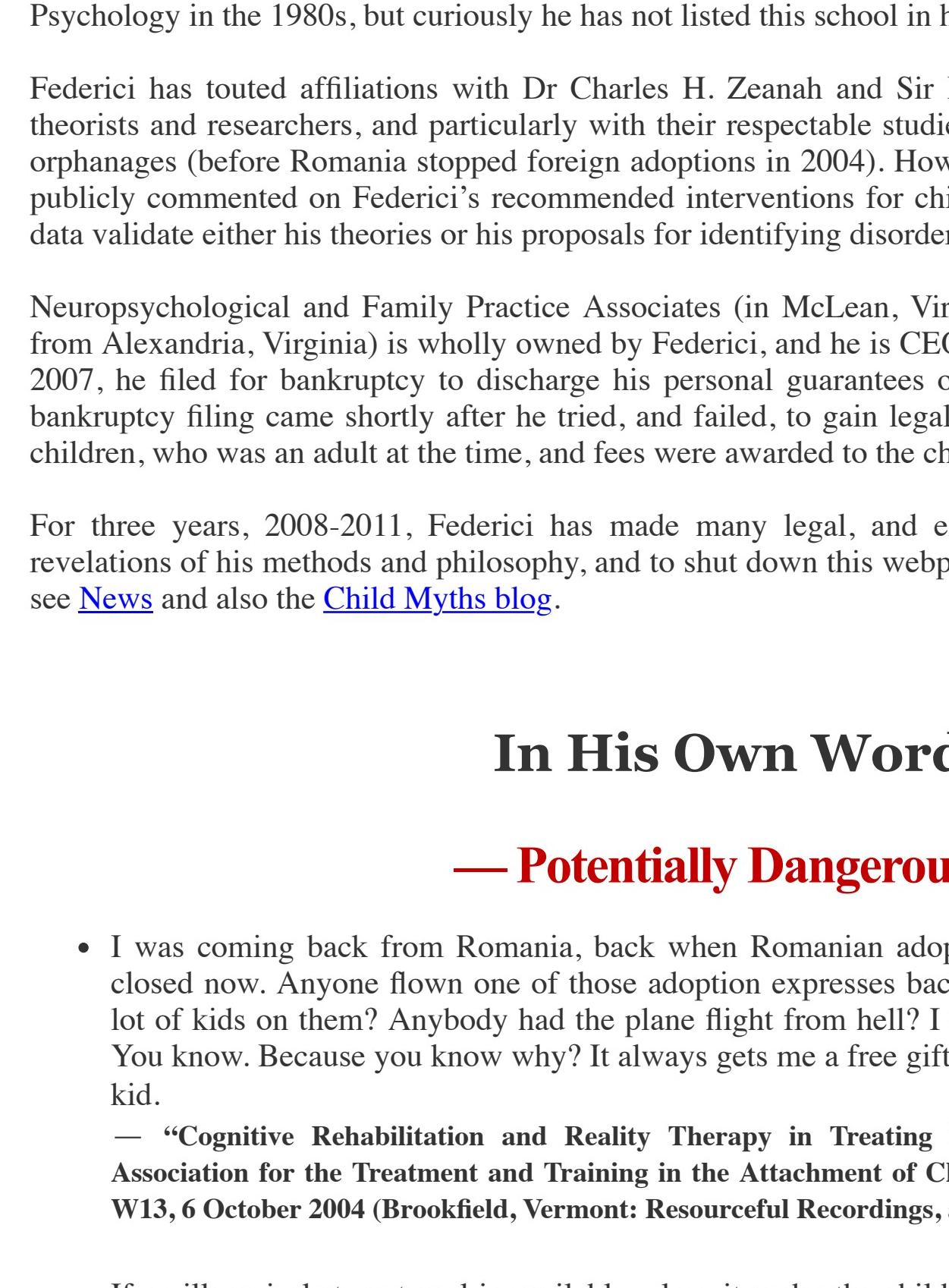
## Ronald Federici

Ronald Steven Federici makes the claim that he is "regarded as the country's expert in the neuropsychological evaluation and treatment of children having multi-sensory neurodevelopmental impairments."

Federici has denied that he is an Attachment Therapist and sometimes avoids the term "Attachment Disorder" (AD) that is widely used by other Attachment Therapists. He instead claims to be a "developmental neuropsychologist," specializing in the treatment of "institutional autism" (which he also calls "post-traumatic autism," or "post-institutional autistic syndrome"). His broad range of signs for the alleged disturbances, and the treatment he recommends for them, nevertheless resemble those routinely professed by Attachment Therapists to diagnose and treat AD. (The diagnoses he uses, as well as AD, are not recognized by conventional psychology or psychiatry.) All that notwithstanding, ACT believes him to be an Attachment Therapist ([see our definition](#)).

This BBC Horizon documentary (see below) illustrates Federici's highly controlling methods for creating "attachment" between parent and child, with attachment considered demonstrable only by a child's unquestioning obedience. Also note that another therapeutic goal is to remake a child's personality mirror that of his parents.

**BBC Horizon "Taming the Problem Child" (2001) featuring Ronald Federici**  
[Transcript](#), with critical commentary by Peter Fonagy



For years — and as recently as 2008 — Federici has claimed to be licensed by the Virginia Medical Board, when in fact he is licensed by the Virginia Board of Psychologists (both as a clinical and a school psychologist). Moreover, he has laid claim to several "diplomate" or "fellow" credentials which appear to have little or no general acceptance by, or recognition within, the psychology profession (possible "vanity boards"):

- American Board of Professional Neuropsychology (ABPN)
- American College of Professional Neuropsychology [same as above, but he lists it separately]
- American Board of Medical Psychotherapists (ABMP)
- Fellow in Advanced Psychopharmacology, [International College of Prescribing Psychologists](#) (ICPP)
- Fellow in Advanced Clinical Psychopharmacology, ACAP [not clarified, but neither American Academy of Child and Adolescent Psychiatry nor Air Cargo Agents Association of Pakistan]
- American Board of Disability Analysts (ABDA)
- American Board of Medical Consultants
- American Academy of Behavioral Medicine
- National Academy of Neuropsychology
- American Board of Cognitive-Behavioral Therapy [sometimes he lists it as *Therapists*]

There is no evidence that Ronald Federici possesses a medical degree.

While one must have either a PsyD degree or a PhD from an accredited school to be licensed as a clinical psychologist in Virginia, Federici's publicly available biographies shed no light on where and when his qualifying degree was obtained. He does not appear, as asserted in his Curriculum Vitae, to have a most unusual "ducalate" — or indeed any doctorate — from the University of Illinois or the University of Chicago. In times past, he has claimed an EdD and an MBA from Shafesbury University, a diploma mill in England. There is evidence of a dissertation for work toward a PsyD from the Illinois School of Professional Psychology in the 1980s, but curiously he has not listed this school in his CV.

Federici has touted affiliations with Dr Charles H. Zeanah and Sir Michael Rutter, prominent attachment theorists and researchers, and particularly with their respectable studies of children adopted from Romanian orphanages (before Romania stopped foreign adoptions in 2004). However, neither of these individuals have publicly validated on Federici's recommended interventions for children, nor accepted that their research data validate either his theories or his proposals for identifying disorders.

Neuropsychological and Family Practice Associates (in McLean, Virginia; recently restaffed and relocated from Alexandria, Virginia) is wholly owned by Federici, and he is CEO of Care for Children International. In 2007, he filed for bankruptcy to discharge his personal guarantees of business debts for his practice. The bankruptcy filing came shortly after he tried, and failed, to gain legal guardianship over one of his adopted children, who was an adult at the time, and fees were awarded to the child's attorney.

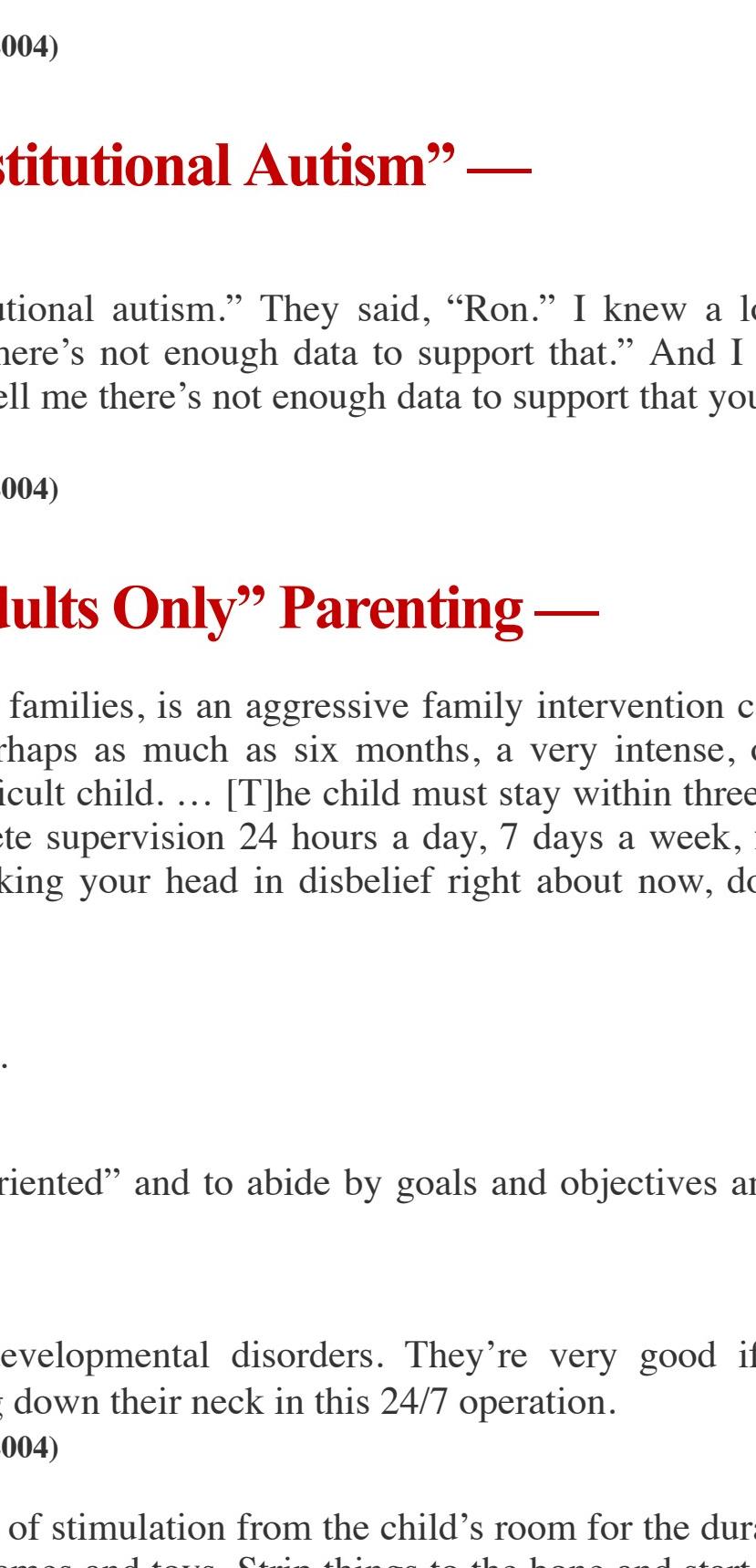
For three years, 2008-2011, Federici has made many legal, and extra-legal, attempts to silence ACT's revelations of his methods and philosophy, and to shut down this webpage in particular. For a report on these, see [News](#) and also the [Child Myths blog](#).

### In His Own Words

#### — Potentially Dangerous —

- I was coming back from Romania, back when Romanian adoptions were, you know, open. They're closed now. Anyone flown one of those adoption expresses back from Russia, back from ... there's a lot of kids on them? Anybody had the plane flight from hell? I always bring good drugs on the plane. You know. Because you know why? It always gets me a free gift certificate from the airline if I help the kid.
- "Cognitive Rehabilitation and Reality Therapy in Treating Multi-Impaired Attachment Disorders," Association for the Treatment and Training in the Attachment of Children, 16th Annual Conference, Session W13, 6 October 2004 (Brockport, Vermont: Resourceful Recordings, audio recording, 2004)
- If a pillow, jacket, or towel is available, place it under the child's face because it is very important for the child to lie face down during the therapeutic hold to prevent biting, biting or direct eye contact. It is often overwhelming and guilt-inducing for the parents when direct eye contact occurs with the child. In order to avoid the tendency to abandon the holding time technique, make sure the child is lying face down.

While one of you jockeys you weight over the child's buttocks and lower legs (thus straddling the child), the other parent lies across the child's upper torso and pins the child's arms down by the sides of the body ... — *Help for the Hopeless Child: A Guide for Families, With Special Discussion for Assessing and Treating the Post-Institutionalized Child* (Alexandria, Virginia: self-published, 2nd ed., 2003), p. 112

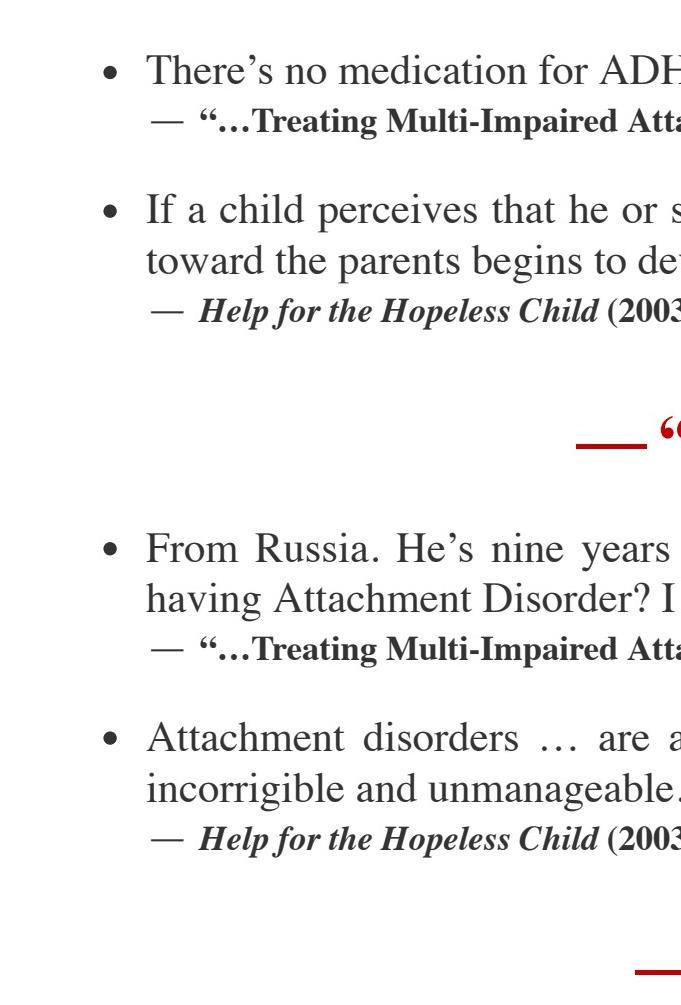


#### — Most Telling —

- ... [P]arents must take complete control ... Often, this also requires therapeutic holds. There are Sequence One and Sequence Two holds which may seem scary and even barbaric at first ... — *Help for the Hopeless Child* (2003), p. 102
- [The girl] needed a strong male role model. That's why she was acting out so much. ... You know why she liked me? The first time she wouldn't come in, I dragged her in my office.
- "...Treating Multi-Impaired Attachment Disorders" (2004)
- Reality is everything your mom says.
- "...Treating Multi-Impaired Attachment Disorders" (2004)
- I like those kind of kids who are non-compliant, that are non-responsive ... avoidant, depressed, traumatized, psychotic, whatever they are. Those are my favorite kids. Because you know what? They do the best ... sooner or later, they break.
- "...Treating Multi-Impaired Attachment Disorders" (2004)
- I am often called the "Combat Neuropsychologist" for the methods I believe in and have seen work in thousands of cases will be like a form of boot camp for both you and your child.
- *Help for the Hopeless Child* (2003), p. xxiv
- It is to be hoped that, as the child calms down, he or she will be very insecure, crying, and in need of emotional support and nurturing. Keeping a child in a more infantile state after a hold will serve as a starting point for moving toward appropriate attachment to the parent. Many children who act out have often missed the stage of immaturity in which they are completely deferential to the parents.
- *Help for the Hopeless Child* (2003), p. 112
- Total Adults Only. Isolation from any type of activity, friend or other sibling. Early bedtime, no talking to others, no television, play or any type of recreational activity. No hiding out in their room which is often preferred. Must stay in immediate sight and close proximity of parents or responsible adult at all times. Hard labor activities occupying any and all free time. Awakening early to begin work. Writing assignments or boring, repetitive tasks. Absolutely no stimulation. If parents must leave to go places, child must accompany them but not engage in any discussion or distraction. Again, Total Adults supervision, isolation and continual hard work is [sic] of paramount importance ...
- *Help for the Hopeless Child* (2003), p. 199

#### — Rage Reduction —

- And working on anger-rage reduction. ... Breaking through the rage cycle.
- ... And *Foster Cline*'s work, and some of the stuff, I think the concept is absolutely correct.
- "...Treating Multi-Impaired Attachment Disorders" (2004)
- This hold, although, it seems extreme, allows the child to act out rage and emotional confusion. ... The longer the holding time, the more the child clearly needs bonding and attachment therapy of this nature. Parents who are reluctant to use the hold should look at the experience this way: If the child did not like the holding time, then why would they or she prolong the period? Remember, contact is contact ...
- *Help for the Hopeless Child* (2003), pp. 113-114



BBC Horizons

#### — Take Down Method —

- More often than not, the child will resist. At this point, one parent ... applies gentle but firm pressure on the shoulder in a small "pinch" manner. (Remember Mr. Spock's famous Vulcan shoulder grip from Star Trek? Think of this) ... Next, you instruct the child to go to his or her knees and ultimately lie face down on the floor ...
- *Help for the Hopeless Child* (2003), p. 100

— ...Treating Multi-Impaired Attachment Disorders" (2004)

#### — Attachment/Holding Therapy —

- The child should understand that, no matter what, you will enforce the family rules, guidelines and methods of discipline by immediate holds.
- *Help for the Hopeless Child* (2003), p. 116

• Families need to have training in "holding time," for safety and security, bonding and reattachment therapy ...

— *Help for the Hopeless Child* (2003), p. 94

• Children with significant emotional difficulties, particularly those with bonding and attachment deficits, become easily bored and frustrated with relationships. They will, therefore, try to sabotage the close emotional contact you are trying to encourage on Level One. During these episodes, the parents need to carry out a holding sequence which involves short periods of physical restraint and attachment therapy through physical closeness. Parents are often tempted to quickly give up, saying, "It's not helping, it's worse!" This is normal. Keep going. It always gets worse before it gets better.

— *Help for the Hopeless Child* (2003), p. 113

• As soon as you announce that a holding time is mandatory, a child will often say "I'm sorry, I won't be bad again" or attempt to run away. To back down and allow the child another chance or to abbreviate the hold sets a precedent for continuing manipulation by your child to avoid a hold.

— *Help for the Hopeless Child* (2003), pp. 109-110

• Parents need to practice with the child prior to an actual hold so that the child understands what will be occurring.

— *Help for the Hopeless Child* (2003), p. 109

• Much has been written about "holding therapy," and many forms are controversial and ones that I do NOT advocate. The ones I do not utilize involve taking a calm or detached child and holding them to the point the child becomes enraged and out of control. Many therapists continue to exert more physical holding during these evoked rages and have even gone as far as to roll a child in a sheet or blanket in an effort to contain them. ... There is certainly a need for holding a child, but I believe strongly that holds should only be for safety and security, as opposed to evoking rage or reliving past traumas. Holds should only be performed as part of an overall treatment program, following very thorough assessment of a child's psychological and cognitive profile.

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— *Help for the Hopeless Child* (2003), pp. 113-114

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